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What is a Hospital System?

WHAT IS A HOSPITAL SYSTEM?

Sickness is no respecter of geography or purse. When a sick person in a remote section of the country needs specialized medical care or surgery, he needs it as desperately as the person who lives in a large city, close to a medical center. Yet his chances of getting it are certainly not as good.

WHY IS THIS?

Obviously, the small rural community cannot be expected to support a hospital, any more than the small city can be expected to support a medical center.

But there is another reason. When our hospitals were built, they were like Topsy. They just grew - without much planning or regard to each other.

WHAT WE HAVE

Today we have either too little or too much. Too little in our smaller communities where hospital service is often incomplete and inadequate. Too much in our larger cities where there is often overlapping and duplication of service.

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WHAT WE NEED

We need some system which would enable our hospitals to work together more closely and in that way to better serve the public. The fight against sickness and injury is only started in the scientist's laboratory. From that point onward it is our problem to see that these new healing methods are made available to everyone regardless of where he lives. We can do that only through

A COORDINATED HOSPITAL SYSTEM

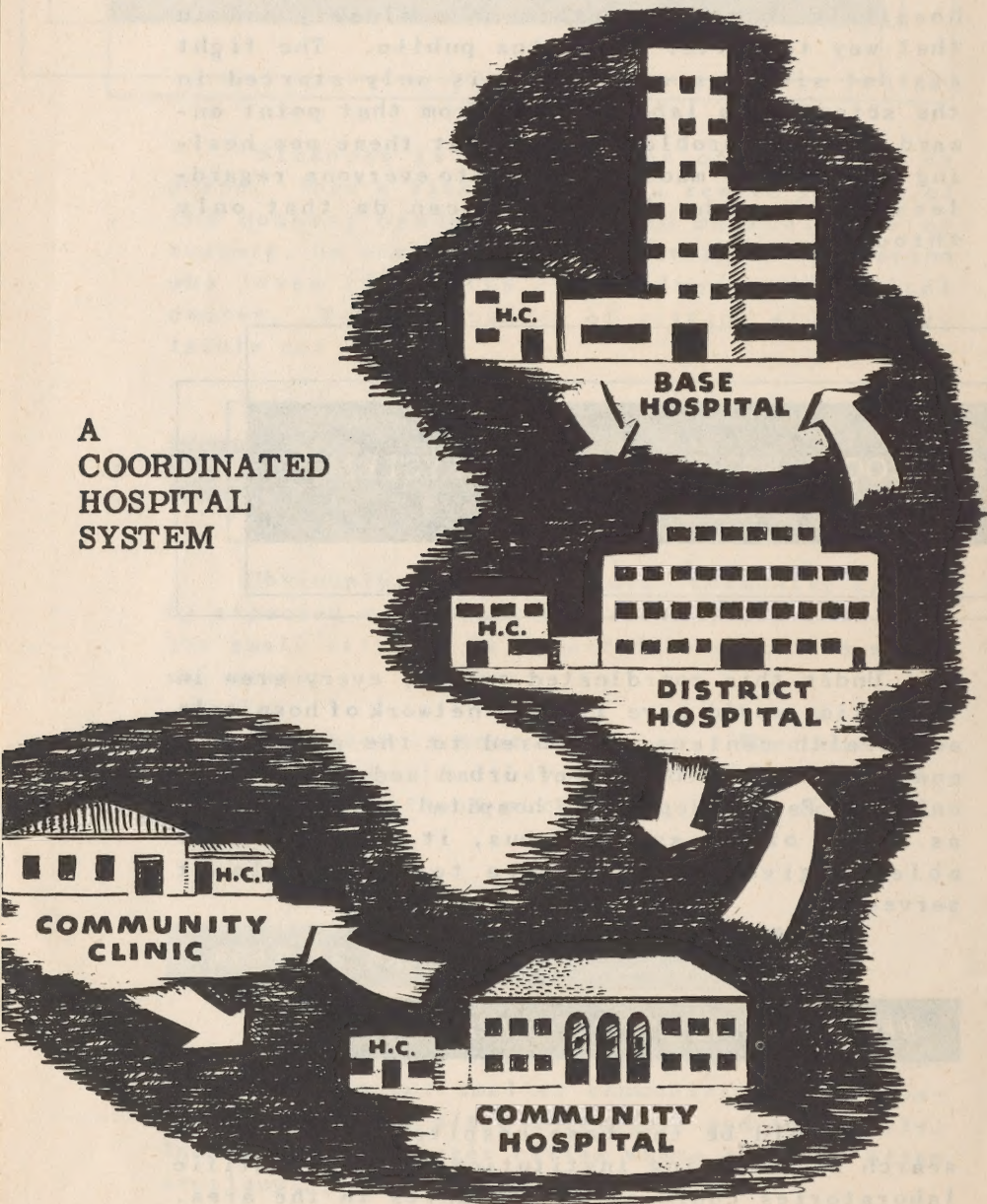
Under this coordinated system, every area in the Nation would have its own network of hospitals and health centers, tailored to the population and to the distribution of urban and rural communities. Each independent hospital would function as a part of the system; thus, it would be better able to give complete care to the people it serves.

HEART OF THE COORDINATED SYSTEM--

--would be the base hospital, a large research and training institution. Its scientific laboratories could serve all units in the area.

Preferably, the base hospital would be associated with a medical school. Here doctors and nurses would receive graduate and postgraduate work. This hospital would have complete facilities for complex diagnosis and treatment.

A COORDINATED HOSPITAL SYSTEM



A NUMBER OF DISTRICT HOSPITALS--

--would be located in communities surrounding the base hospital. These ordinarily would range from 100 to 200 beds, and be comparable to our average large, well-equipped general hospital. They would have facilities for all but the most complicated services. They might not have university connections, but could train internes and nurses. Smaller hospitals in the region would consult with and refer patients to the district hospital.

THE COMMUNITY HOSPITAL--

--rural or suburban, would usually contain 50 to 100 beds. It would be equipped to handle routine medical, surgical and obstetrical cases, X-ray and other diagnostic procedures. It would rely on the district hospital for more complicated services.

COMMUNITY CLINICS--

--would serve rural and remote sections. Clinic facilities would be limited to consultation rooms, a small laboratory, possibly offices for local doctors and dentists, and a few beds for obstetrical and emergency cases in more remote areas.

PUBLIC HEALTH SERVICES--

--would be closely associated with hospital services, to bring together preventive and curative medicine. A health center for public health services might be located in the hospital or clinic.

UNDER THE COORDINATED SYSTEM--

--no matter where you live, you and your doctor would have access to the very best in modern medical and scientific knowledge.

--your doctor would be able to care for you more effectively, with the modern equipment and specialized consultation services available to him. If you should be referred to a larger hospital, your own doctor would be closely associated with you from diagnosis to discharge.

--your doctor would be able not only to maintain professional contacts, but also to attend periodic refresher and postgraduate courses at the base hospital.

--the quality of hospital and medical practice would be constantly improving through interchange of knowledge and skills among professional personnel.

--internes and nurses would receive some of their training at clinics and smaller hospitals. This would bring more young professional people into communities now undermanned.

--operating costs would be reduced by pooling community resources, avoiding duplication of equipment and services, and spreading expenses over a larger section of the population.

IT'S UP TO YOU--

--because a coordinated hospital system won't happen by itself. And it won't happen all at once. It may start with a couple of hospitals sharing equipment, or sharing the services of a specialist. It may start when several towns form



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a hospital council, or when a community hospital establishes clinics in surrounding rural sections.

It's up to each citizen and each community to determine how its hospitals will be built and operated. If you believe that a coordinated system can bring hospital services to more people with greater efficiency--now is the time to start the ball rolling.

FEDERAL SECURITY AGENCY

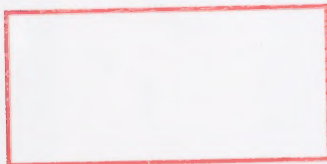
WORK TOGETHER--

--for real results. It takes a lot of people to build a civic project. Find out about the hospitals in your community. Do they provide adequate hospital service? Are they related to one another, or to hospitals in nearby towns and cities? Work with groups that are backing local plans. Think....Talk....Act - for better local health conditions.

Division of Hospital Facilities
Washington, D. C.**TARGET FOR TOMORROW**

The coordination of hospital and medical services would mean better health for you, for your children, for your community.

It would be another step toward our final goal--the better health of the nation.

DATE DUE

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FEDERAL SECURITY AGENCY
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Division of Hospital Facilities
Washington, D. C.